



2019 State Dental Plan Coverage

Basic dental coverage with the State Dental Plan offers four classes of treatment. It will pay a maximum of \$1,000 per person each year for Classes I, II and III.

Class I: Routine check-ups

Services at routine check-ups may include exams, cleanings, fluoride treatments and X-rays. The State Dental Plan will pay 100 percent of the allowed amount, which is the maximum amount the Plan will pay for these services. Your dentist may charge more than the allowed amount. In this case, you will pay the difference.

	Annual deductible ¹	Percent covered of allowed amount
I. Diagnostic and preventive	None	100%

Classes II and III: Non-routine procedures

Non-routine services are covered in two classes. Basic benefits include fillings, extractions, oral surgery, root canals and periodontal procedures. Prosthodontics include onlays, crowns, bridges, dentures, implants and repair of prosthodontic appliances. The State Dental Plan will pay a percentage of the allowed amount. Your dentist may charge more than the allowed amount, and you will pay the difference.

	Annual deductible ¹	Percent covered of allowed amount
II. Basic benefits	You pay up to \$25 per person.	80%
III. Prosthodontics	You pay up to \$25 per person.	50%

Class IV: Orthodontics

Orthodontic coverage is only available for children 18 and younger, and has a maximum \$1,000 lifetime benefit for each covered child. For services to be covered, you must submit a letter stating that the child's orthodontic treatment is not for cosmetic purposes.

	Annual deductible ¹	Percent covered of allowed amount
IV. Orthodontics	None	50%

¹If you have services in Classes II and III, you pay only one deductible. Deductible is limited to three per family per year.

Plan examples

Scenario 1: Routine checkup

(Includes exam, four bitewing x-rays and adult cleaning)

	Basic Dental
Dentist's initial charge	\$191.00
Allowed amount ² (payable at 100%)	\$67.60
Amount paid by the Plan	\$67.60
Difference between allowed amount and charge	\$123.40
You pay	\$123.40

Scenario 2: Two surface amalgam fillings

	Basic Dental
Dentist's initial charge	\$190.00
Allowed amount ² (payable at 80%)	\$44.80
Amount paid by the Plan ³	\$35.84
Difference between allowed amount and charge	\$145.20
You pay	\$154.16

²Allowed amounts may vary by network dentist and/or the physical location of the dentist.

³Example assume that the \$25 annual deductible has been met.

2019 State Dental Plan premiums

	Employee	Employee/ spouse	Employee/ children	Full family
Basic Dental	\$0.00	\$7.64	\$13.72	\$21.34

Learn more

- [Insurance Summary](#)
- [Insurance Benefits Guide](#)
- www.peba.sc.gov
- PEBA Customer Contact Center: 803.737.6800 or 888.260.9430